

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/526512

FILED DATE

APPLICANT(S)

Art. 34

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	1		1				54						
5	1		1				55						
6	1		1				56						
7	1		1				57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11	1		1				61						
12	1		1				62						
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24			1				74						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3				TOTAL IND.						
TOTAL DEP.	21		21					2					
TOTAL CLAS	23		24				TOTAL DEP.						
								2					
							TOTAL CLAS						